

Mankind is evolving from the period of searching experiment and rigid investigation as to the effects of feeding and housing upon domestic animals into the period of similar searching and rigid examination as to the effects of feeding and housing upon the human and is obtaining the same successful and satisfactory results. The fact has dawned upon mankind that they have made some egregious blunders in their endeavor to improve upon normal mundane conditions and now the word has gone forth, uttered with an insistent meaning, "Back to the great outdoors" and mother earth and natural modes of living.

In a recent lecture on the "American Mind" the noted speaker said, "intellectually the American is inclined to radical views, but he has a great deal of practical conservatism. There is in fact conservatism in our blood and radicalism in our brains, and now one and now the other rules."

In this question of dietetics one need not be too radical or unduly conservative but rather choose a middle course and adapt the diet to the individual need. We are not compelled to follow the most radical and live exclusively upon raw foods though they are of undoubted merit and deserving of careful consideration, or is it necessary to confine the diet to just one article, although this is helpful to some cases for a certain time. Neither need we be so very conservative as to refuse to accept the findings of science as regards these nutritive investigations, as to the most desirable diet for health, efficiency and endurance.

The fact of the matter is, mankind the world over is not only accepting the teachings of science on dietetics as rapidly as they can readily assimilate them, but they are eagerly seeking out for themselves all the facts and information that is attainable. They evidently agree with Emerson who says, "Get health, no labor, pains nor exercise that can gain it must be gruded."

In closing this paper may I urge upon the medical profession as a whole that they give their most earnest thought and careful attention to this more recent modern phase of the subject of dietetics.

Discussion.

Dr. D'Arcy Power, San Francisco: I am sorry that the subject of dietetics has not been more fully represented in the program of this meeting. There are many points on which we are still partially informed and among these one of the most recently brought forward is the fact that there is not a strict relation between caloric values and nutritive values. That is to say, there are foods having the same caloric values which when applied to actual feeding of live stock give very different results in the actual nutrition of the animals fed thereon. Furthermore, I have a strong belief that some of our constants are not always reliable. Thus it is usually assumed that a calory diet of less than 1500 calories per day must necessarily be insufficient to maintain equilibrium, but personal observation convinces me that there are abnormal people who maintain their weight on a dietary of smaller calory value than this. Lastly I would like to point out that Dr. Williams' remarks about coffee are not borne out by recent experimentation as it has been shown that coffee is capable of stimulating and improving

both mental and physical work without a negative phase.

Dr. Annie W. Williams: I consider that the difference between my statement in regard to the use of caffeine and that of Dr. Powers, who so kindly and ably discussed my paper, lies in the fact that the statement I make in the paper refers to the continued, continuous use of caffeine for not only days and weeks but for months and months and years and years in our table beverages. Dr. Powers' statement I believe would refer more particularly to its drug effect as a tonic drug. I will now close the discussion, thanking you for the manifest interest and attention accorded to my paper.

A RECENT CASE OF LIPECTOMY.*

By H. EDWARD CASTLE, M. D., San Francisco.

In presenting this case I am showing you not an unusual form of deformity. Truly it may be called a deformity when adipose tissue increases in a localized area to such an extent that the body is so ill proportioned. The treatment I shall mention, while not entirely rare, is far less common than it should be. With the beneficial results I have obtained with lipectomy I feel this statement is not too dogmatic.

The lady, a private patient, has been so kind in permitting herself to be photographed and other

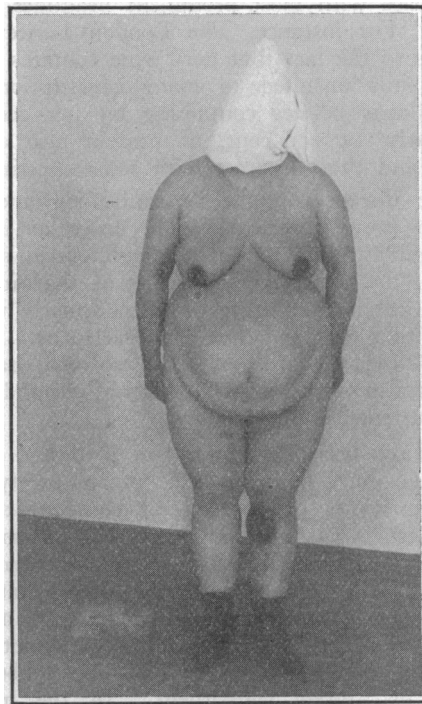


Figure I

publicity would be so embarrassing I felt it improper to ask her to come before you this evening, therefore I shall present the case by lantern slide demonstration which I feel will depict her condition before and after operation to your entire satisfaction.

*Presented before the Surgical Section of the San Francisco County Medical Society, June 18, 1912.

The patient was forty-two years old, five feet two and one-half inches in height, and weighed two hundred and sixty-five pounds (Figs. I and II). Her mother weighs two hundred pounds, and has myocarditis. Father weighs two hundred and ten pounds. One sister is fleshy but not overweight. Otherwise her family history

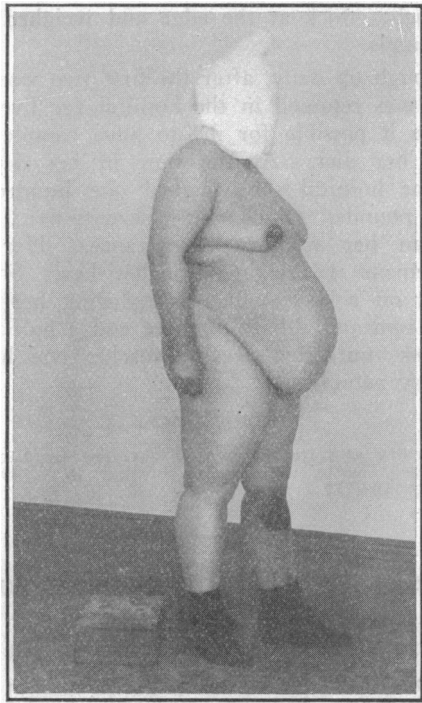


Figure II

is negative. She has eight children, the youngest is two years old. Since the birth of the youngest child there has been a marked disastasis recti abdominis and a large umbilical hernia. Three years ago varicosities of the left leg began in the internal saphenous and its tributaries. A year later a similar condition was manifest in the right leg. Two weeks prior to operation a large hematoma developed on the inner side of the left leg about four inches below the knee. Under general anesthesia, the left leg was operated after the Trendelenburg-Ferguson method, the right leg after the Trendelenburg-Schede method. The large pendulous abdominal adiposity was removed by Kelly's method of lipectomy and the umbilical hernia taken care of by the ingenious method of Mayo.

It is my desire to draw your attention to the operation of lipectomy. Owing to its extreme simplicity and undoubted benefit I can conceive of no reason why it is not more often done. True it is that any infection introduced into a wound so extensive as this might play havoc, but this must be taken for an excuse for improper work rather than against the performance of the operation. Owing to the great weight of the patient and the incision extending far in the back it takes

extra care to avoid contaminating the ends of the wound.

Beginning the incision two inches lateral to the spinous process of the first lumbar vertebra it is carried across the abdomen above the umbilicus to an analogous point on the opposite side; the ends of this incision are joined by a second one traversing the abdominal wall above the pubis, thus marking an ellipse. The flap on either side is dissected back one inch, thus permitting a better closure of the wound. This incision is now carried down to the deep fascia and the elliptical piece is rapidly removed by the use of a knife about eight inches in length. Care must be exercised as one approaches the umbilicus, as here the superficial fascia is nearly lacking and one might readily open the abdomen. The field is covered with towels wrung out of hot salt solution while the umbilical hernia is repaired. In closing the wound three sets of sutures are used, viz: a row of silkworm tension-sutures are placed one and one-half inches from the edge of the flap, passing in through the integument and superficial fascia, picking up the deep fascia and out through the other flap in a corresponding position. These sutures are placed about two inches apart. As they are introduced each end has a hemostat placed on it. The superficial fascia is closed by a continuous catgut suture and the skin by a continuous horsehair suture.

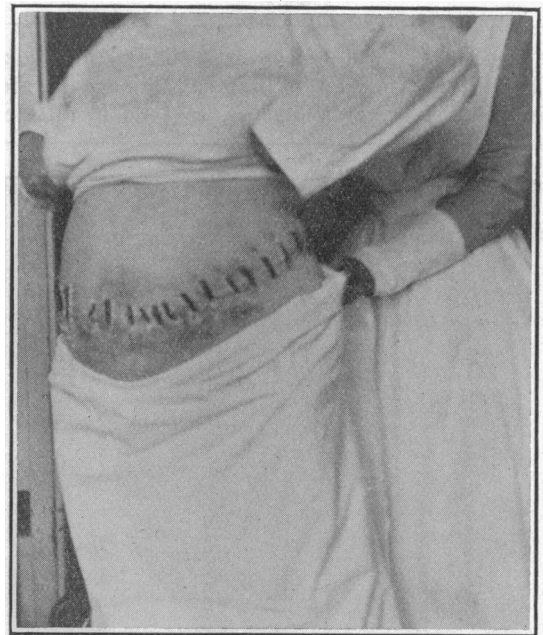


Figure III

The utmost care should be exercised in making an exact apposition of the edges of the skin as this is of paramount importance in rapid and primary wound healing. After the horsehair suture is placed each silkworm gut suture is run through a small rubber tube, which is about two inches in length, and tied. The object of the tubing is

to prevent the silkworm gut from burying itself in the skin, at the same time permitting the inspection of the wound, which cannot be obtained



Figure IV

if the sutures are tied over a bolster of gauze. There is no occasion to employ drainage in these cases, and I object to its use, as I do in all clean



Figure V

wounds. I do advise, however, a daily inspection of the wound and the introduction of a grooved director between stitches if there be any accumula-

tion of serum present. A moderately snug abdominal bandage is applied over the dressing and the patient put to bed on a back rest so as to slightly flex the body.

Fig. 3 shows the insulating tubes five days after operation. Fig. 4 shows the patient two weeks after operation. Fig. 5 represents the shape of the specimen as removed. It was one yard and three inches long, one foot and a half wide, three inches thick at the edge and weighed seventeen pounds.

Although up daily, after the first two weeks, the patient was retained in the hospital for five weeks to make it possible for me to have complete control of her diet. At the time of her departure from the hospital she weighed one hundred and ninety pounds, which was seventy-five pounds less than her weight on entrance. Her waist measurement was eighteen inches less. She will be kept on a diet, which is reducing her at the rate of two and a half to three and a half pounds per week, until her weight reaches one hundred and forty pounds.

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REPORT OF CASE OF DOUBLE TUBAL PREGNANCY.

By DAVID HADDEN, M. D., Oakland.

I want to report in this paper a case of double tubal pregnancy and a case of hemato-salpinx with bleeding into the peritoneal cavity unassociated with pregnancy.

The first patient, a woman of 35, has been married five years, but so far has not been pregnant. The history previous to the present sickness gives nothing of value except that a year before marriage there was an acute attack of pelvic trouble lasting some weeks, the main symptoms being pain in the pelvis and fever. The woman up to the time of that attack had been in good health, since then has had more or less trouble with her periods and is on the whole rather run down, but with no symptoms of any definite type.

I saw the patient first after a diagnosis of tubal pregnancy had been made by the attending physician. She was then two weeks over her menstrual time, which was by no means unusual for her, the only difference being that she was more nervous than usual and somewhat inclined to hysterical attacks. She complained that the breasts had been a shade sorer than usual, but that was only relative, as she had always more or less soreness at the periods.

On the evening of June 19th the patient began to have a brownish discharge gradually getting more profuse. About midnight while at toilet a sharp tearing pain occurred in the right side with a feeling of faintness. From then until the following noon the pain was quite persistent being mostly in the lower right side of the abdomen and was accompanied by diarrhea and nausea. When these symptoms subsided the patient felt comparatively well except for the extreme tenderness over the lower abdomen.

Examination showed the breasts somewhat tender but not enlarged, Montgomery tubercles more marked than normal, but patient says they have